

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Yula</u>	BUREAU OF VITAL STATISTICS	State Index No. <u>148</u>	
District of _____	ORIGINAL CERTIFICATE OF BIRTH	Co. Registrar No. <u>260 (260)</u>	
Town of <u>Miami</u>		Local Registrar No. _____	
or _____			
City of _____	No. _____	St. _____	Ward) _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Isidobena Galaz</u>		If child is not yet named, make supplemental report, as directed	
3. Sex of child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	5. No., in order of birth <u>5</u>
6. Legitimate? <u>yes</u>		7. Date of birth <u>April 15-1923</u>	(Month, day, year)
8. FATHER		14. MOTHER	
Full name <u>Telesforo Galaz</u>		Full maiden name <u>Maria Inera</u>	
9. Residence (Usual place of abode) <u>Miami, Ariz.</u>		15. Residence (Usual place of abode) <u>Miami, Ariz.</u>	
If nonresident, give place and State		If nonresident, give place and State	
10. Color or race <u>Mex</u>		16. Color or race <u>Mex</u>	
11. Age at last birthday <u>30</u> (Years)		17. Age at last birthday <u>30</u> (Years)	
12. Birthplace (city or place) <u>Georgetown</u>		18. Birthplace (city or place) <u>Chihuahua</u>	
(State or country) <u>New Mexico</u>		(State or country) <u>Mex</u>	
13. Occupation <u>Miner</u>		19. Occupation <u>Housewife</u>	
Nature of Industry		Nature of Industry	
20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.) <u>5</u>		(a) Born alive and now living <u>4</u> (b) Born alive but now dead _____ (c) Stillborn _____	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>9:45</u> a.m. on the date above stated.			
(Born alive or stillborn)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		Signature <u>C. M. Crow M.D.</u>	
		(Physician or midwife)	
Given name added from a supplemental report _____		Address <u>Miami - Arizona</u>	
(Month, day, year)		Filed <u>Apr 30</u> , 19 <u>23</u>	
<u>379-415-431</u>		Local Registrar. <u>P. E. Davis</u>	
Registrar.		County Registrar. <u>B. E. Davis</u>	